

PRIOR AUTHORIZATION REQUEST FORM

Please complete all sections. Incomplete forms will be returned.

1. PATIENT INFORMATION

Full Name: Sarah Elizabeth Wilson DOB: 05/08/1972 Sex: M F
Member ID: CIGNA456789012 Insurance: Cigna Health Insurance
Address: 321 Elm Street, Phoenix, AZ 85001
Phone: (602) 555-7890 Email: sarah.wilson@email.com

2. INSURANCE / PLAN INFORMATION

Insurance Company: Cigna Health Insurance Plan Type: PPO HMO Medicare
Policy Number: CIG789012345 Group Number: GRP004
Effective Date: 01/01/2024 Termination Date: 12/31/2024

3. PROVIDER INFORMATION

Requesting Provider: Dr. Jennifer Martinez, MD NPI: 2233445566
Specialty: Gastroenterology Cardiology Orthopedics Other: _____
Phone: (602) 555-2468 Fax: (602) 555-2469
Address: 654 Digestive Health Dr, Phoenix, AZ 85001
Facility: Phoenix Digestive Institute Tax ID: 22-3344556

4. SERVICE / PROCEDURE REQUESTED

Service Type: Colonoscopy with Biopsy
CPT Code: 45380 ICD-10 Code: K59.00 - Constipation
Number of Treatments: 1 Requested Date: 01/25/2025
Place of Service: Outpatient Inpatient Emergency Other: _____

5. CLINICAL JUSTIFICATION

Medical Necessity:

Patient presents with chronic constipation and abdominal pain for 4 months. Physical examination reveals mild abdominal tenderness in the left lower quadrant. Patient has family history of colon cancer (mother diagnosed at age 58). Colonoscopy with biopsy is medically necessary to evaluate for inflammatory bowel disease, diverticulosis, or other colonic pathology. Clinical guidelines support colonoscopy for patients with persistent GI symptoms and family history of colon cancer.

Clinical Findings:

Chronic constipation (4 months) Abdominal pain Family history
Left lower quadrant tenderness No fever Normal vitals

Prior Treatments:

Dietary modifications (no relief) Laxatives (minimal relief) Other: _____

6. SUPPORTING DOCUMENTATION

Attached Documents (check all that apply):

Physician Notes (12/22/2024) Laboratory Results (CBC, CMP)
Previous Imaging (CT Abdomen) Patient Medical History
Insurance Card Copy Family History Documentation